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CONFIRMATION NO. 6121

<b>SERIAL NUMBER</b> 10/541,823	<b>FILING OR 371(c) DATE</b> 07/11/2005 <i>MH</i> <b>RULE</b> <i>9-28</i>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> P70681US0
<b>APPLICANTS</b> Danuta Ciok, Nivaa, DENMARK; Esben Stroebech, Hoersholm, DENMARK; Flemming Moss, Vedbaek, DENMARK; <i>MH 8-28</i>				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DK04/00011 01/12/2004 <i>MH 8-28</i>				
<b>** FOREIGN APPLICATIONS *****</b> DENMARK PA 2003 00018 01/10/2003 <i>MH 8-28</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/09/2006</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>MH</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> DENMARK	<i>MH 8-28</i> <b>SHEETS DRAWING</b> 3	<i>MH 8-28</i> <b>TOTAL CLAIMS</b> 18
			<i>MH 8-28</i> <b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> 136				
<b>TITLE</b> Ostomy appliance				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	